Health

Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4830

BOARD USE ONLY	
❑ Non resident without CSA registration.	$330.00
❑ Non resident with CSA registration.	405.00

NONRESIDENT PHARMACY LICENSE APPLICATION

Please type or print in ink *License Period 1 June — 30 May*

1. PHARMACY NAME

2. ADDRESS

CITY	STATE	ZIP CODE	PHARMACY TELEPHONE

4. RESIDENT STATE LICENSE/REGISTRATION NUMBER	3. DEA REGISTRATION NUMBER

5. TOLL FREE TELEPHONE NUMBER	6. NAME OF PHARMACIST IN CHARGE

7. LIST NAME, ADDRESS, TITLE OF OWNER(s) (Include name of corporation, if any)

NAME	ADDRESS	TITLE

(Use block 15 if needed)

7a. TYPE OF OWNERSHIP

❑ Individual Owner/Trustee/Receiver ❑ Partnership
❑ Corporation Corporation No. _____ State of Incorporation _____

7b. CORPORATE ADDRESS	TELEPHONE

8. LIST NAME, ADDRESS AND TITLE OF CORPORATE OFFICERS, PARTNERS OR OWNER(S)

NAME	ADDRESS	TITLE

9. HOURS OF OPERATION

M-F _____ Saturday _____ Sunday _____ Holidays _____

10. LIST ALL PHARMACISTS

NAME	ADDRESS	LICENSE NO.

(Use block 15 if needed)

11. DATE OF LAST STATE INSPECTION	*Please attach a legible copy of the last inspection by the state regulating agency.*

(Continued on Back)

12. Indicate the method used to maintain readily retrievable records of sales of controlled substances, legend drugs and medical devices to individuals in the state of Washington.

12a. NAME, ADDRESS AND TELEPHONE OF AGENT OF RECORD IN WASHINGTON FOR SERVICE OF PROCESS (CAN NOT USE SECRETARY OF STATE)

13. STATUS OF PHARMACY

Check appropriate boxes

- ❑ New Pharmacy
- ❑ Owner Change
- ❑ Location Change

Complete this section about the former owner if buying existing pharmacy

Former Owner Name _____

Former Pharmacy name _____

Former Owner Signature _____

Date you assume ownership (Mo, Day, Yr) _____

NOTE: New pharmacy/change of owner or location requires Washington State Board of Pharmacy approval for licensure.

14. CERTIFICATION

I, _____ , being duly sworn upon oath, depose and say, that the answers, to the foregoing questions and the statements made in the above application are true and correct.

_____
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____ , _____

Notary Signature _____

For the state of _____

SEAL

Residing at _____

My Commission Expires _____

(Attach additional sheet if needed.)